Enrolment Form
General Officers' Insurance Plan (GOIP), Reserve GOIP and Military Post Retirement Life Insurance Plan (MPRLIP)

Manulife Financial

Reset Print

Group Policy # 901102

If this form is not returned or you do not name a beneficiary, the proceeds of your coverage will go to your Estate.

1. MEMBER'S INFORMATION

Service Number (SN) | Rank | Surname | First Name | Initials

Mailing Address | Home Phone # ( )

PO Box, Rural Route, etc. | (circle) work/cell phone/pager # ( )

City | Province | Postal Code | Date of birth (Day/Month/Year)

Email Address

CHECK ONE ONLY:

☐ GOIP or RES-GOIP

Date of Promotion (Day/Month/Year)

☐ MPRLIP

Date of Release (Day/Month/Year)

2. CLASS OF SERVICE (FOR GOIP & RES-GOIP ONLY)

☐ Regular Force and Class C | Primary Reserve Class : ☐ A ☐ B (180 days or less) ☐ B (more than 180 days) *

* For Officers on Class B Reserve service of more than 180 days or Officers in Regular Force and Class C. Optional coverage: ☐ 1 time salary ☐ not requested

3. MEMBER'S COVERAGE—BENEFICIARY DESIGNATION (applies to both Basic and Optional coverage(s))

As the certificate holder , I hereby revoke any previous designation which I may have made under the life insurance option identified in the Block above and hereby designate the following beneficiary(ies). This beneficiary designation is revocable unless stated otherwise.

	Name (in full) of Persons or Institutions	Relationship to Certificate Holder	If Minors, Date of Birth ** Day/Month/Year	Percentage of Proceeds (Indicate if Equal Shares)
Primary				%
Primary				%

In the event of death of the Primary Beneficiary(ies):

	Name (in full) of Persons or Institutions	Relationship to Certificate Holder	If Minors, Date of Birth** Day/Month/Year	Percentage of Proceeds (Indicate if Equal Shares)
Contingent				%
Contingent				%

With respect to the minor child(ren) designated above, I appoint the following as trustee(s). Please provide the name, relationship, current address and phone number of the trustee(s). **If this does not apply, please indicate n/a.

TRUSTEE(S): _____

4. SIGNATURE

Declaration and Authorization by Applicant

I hereby apply for the insurance to which I am entitled or to which I may become entitled under the provisions of the **General Officers' Insurance Plan (GOIP); the Reserve GOIP; or the Military Post Retirement Insurance Plan (MPRLIP).** I understand that it will be necessary for military authorities to exchange personal information for verification of eligibility and for statistical purposes. In addition,

a. I certify that all information given on this form is complete and true in every respect;
b. I authorize SISIP Financial Services, Manulife Financial or its reinsurers, for underwriting, administration of insurance and claims paying purposes, to gather only the necessary information for the object of the file, from any person or organization that has personal information relating to me; and
c. I also authorize SISIP Financial Services, Manulife Financial or its reinsurers, to disclose only the necessary personal information they have on me to the same persons or organizations specified in paragraph b.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request. A photocopy of this authorization shall be as valid as the original.

Member's Signature | Day Month Year

Submit completed document to: SISIP Financial Services, National Defence Headquarters, 4210 Labelle Street, Ottawa, ON K1A 0K2

5. SISIP FS OFFICE USE ONLY

GOIP or Res-GOIP Effective: _____ Day Month Year

Monthly Cost : $_____ (GOIP Optional Only)

MPRLIP Effective: _____ Day Month Year